

Send to: SPD Unit
Office of Chief Public Defender
(860) 509-6498 FAX

Billing Request - Trial Preparation
****CONTRACT APPOINTMENTS ONLY****
(ONE CLIENT Per FORM)

Date: _____

Attorney: _____ Return Fax or Email: _____

State vs. _____
(Client Name)

Court location: _____

Docket Number(s): _____

Date of Appointment to case: _____
(list earliest date, if more than one case)

Choose One

☐ **TRIAL PREPARATION**

Anticipated date trial to begin: _____

☐ **VIOLATION OF PROBATION PREPARATION**

Anticipated date violation of probation hearing: _____

Your request has been: ___ Approved: _____

John R. Day, Esq.
Dir. of Special Public Defenders

___ Denied: Trial not imminent.

Faxed to: ___ Attorney
___ Public Defender Supervisor: _____
Name

NOTES: _____
Office Use Only